

■ Apply to all or... ■ Specific to Upadacitinib (Rinvoq / AD, 12 yo and +)
 ■ Specific to Abrocitinib (Cibinqo / AD, 12 yo and +)

■ Specific to Ritlecitinib (Litfulo / AA, 12 yo and +)
 ■ Specific to Baricitinib (Olumiant / AA, 18 yo and +)

Deucravacitinib (Sotyktu) does not require follow-up labs, only a TB test at baseline.

SITUATION	LAB FOLLOW-UP FOR JAK INHIBITORS									
Child bearing potential	B-HCG / advise contraception									
Hepatic impairment	Avoid in case of severe hepatic impairment									
Baseline	CBC Do not start if: -Lympho $< 0,5 \times 10^9$ -Neutro $< 1 \times 10^9$ -Hb $< 0,8 \times 10^9$ -Platelets $< 150 \times 10^3$ -Platelets $< 100 \times 10^3$	ALT	Lipid panel	Hepatic Serology (Anti-HBs, Anti-HBc, HBsAg, Anti-VHC)	TB Test	Creat eGFR < 60 mL/min ↓ Half dose	Creat eGFR < 30 mL/min ↓ contraindicated	Creat eGFR 30 to 60 mL/min ↓ if planned dose = 4 mg: give 2 mg if planned dose = 2 mg: contraindicated	Creat eGFR < 30 mL/min ↓ 15 mg OD	Creat eGFR > 30 mL/min ↓ Standard dosage
at 4w, at 12 w, then about twice a year (according to the doctor's judgment)	CBC Lymphocytes $< 0,5 \times 10^9$ → $0,5 - 0,8 \times 10^9$ → repeat in 4 weeks				Neutrophils $< 1 \times 10^9$ → $1 - 1,5 \times 10^9$ → repeat in 4 weeks		Hb $< 0,8 \times 10^9$ →	Platelets / Platelets $< 50 \times 10^3$ → $50 - 150 \times 10^3$ → repeat in 4 weeks		ALT $\geq 3 \times \text{ULN}$ ↓ cause? DILI* suspected (*Drug induced liver injury) → Gastro consult?
at 12w	Lipid panel → abnormal → Manage according to guidelines									
Only if symptoms (muscle pain/ weakness, without relevant clinical history)	CPK $\geq 5 \times \text{ULN}$ ↓ Repeat in 2 weeks → Persist? → No = continue medication → Yes									